CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(Residence or business) 5.A., TX 78247 7 CAMPAIGN TREASURER PHONE (20) 834-1272				
OFFICE HOLDER NAME NCRIMANE LAST Clamp OFFICEHOLDER ADDRESS Change of Address S.A., TX 78217 Date Face-aved Date Face-a				2 Total pages filed:
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6 CAMPAIGN TREASURER ADDRESS (Residence or business) 7 CAMPAIGN TREASURER PHONE 15 873 Redwords Yano 5.A., TX 7 8347 7 CAMPAIGN TREASURER PHONE 10 834 - 1272 8 REPORT TYPE 15 January 15 15 John day before election 15 July 15 16 July 15 17 July 15 18 Hind ay before election 18 July 15 19 PERIOD COVERED 10 John John THROUGH 10 John John THROUGH 10 John John THROUGH 11 OFFICE 11 OFFICE 12 OFFICE BOUGHT (If known) 11 OFFICE 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER TO DIRECT CAMPAIGN EXPENDITURE TO DIRECT CAMPAIG	NAME			
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TREASURER PHONE January 15		5.A.,TX 78247		
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9 PERIOD COVERED Month Day Year THROUGH OL / 30 / 300 3 10 ELECTION ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) City Cavril District 10 Sendral CAMIPAIGN EXPENDITURE BY OTHER INDIVIDUALS Address / PO Box: Apt. / Suite #; City: State: Zip Code	8 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder ôfily)
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10 ELECTION Special Primary Runoff General Special	1	•		
Month Day Year Primary Runoff General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) City For Chy Convil District O Support Candidates are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code	COVERED	01/01/2002-	06/30	\2002_
11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) City Gravity District 10 Surface OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS OFFICE SOUGHT (if known) City Gravity District 10 Surface Campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure Name Address / PO Box; Apt. / Suite #; City; State; Zip Code	10 ELECTION	1 222311311112		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. " Name Address / PO Box: Apt. / Suite #; City; State; Zip Code			· · · · · · · · · · · · · · · · · · ·	
OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS **Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name **Address / PO Box; Apt. / Suite #; City; State; Zip Code additional pages additional pages additional pages Address / PO Box; Apt. / Suite #; City; State; Zip Code	11 OFFICE	OFFICE HELD (if any)	OFFICE SOUGHT (if know	District 10, San Arbaio
BY OTHER INDIVIDUALS Address / PO Box; Apt. / Suite #; City; State; Zip Code additional pages	OF DIRECT CAMPAIGN			
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additional pages	1			
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GO TO PAGE 2	additional pages			
		GO TO PAGE 2	2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Jhn Cle	inf	15 ACCOUNT #(Ethics Commission filers)	
16 NOTICE FROM POLITICAL	may have been made	ice of political expenditures by political committees to support the candid without the candidate's or officeholder's knowledge or consent. Candidat they receive notice of such expenditures.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	2.5.5 2.5.7 7.1.5	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	5 Ag	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	7 00 00 00 00 00 00 00 00 00 00 00 00 00	
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit bel	ow and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	l .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400 00	
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZI		
	4. TOTAL POLITICAL EXPENDITURES \$ 84.3			
OUTSTANDING LOAN TOTALS	t.	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$	
19 AFFIDAVIT				
Notary Publ	A. SHUSSLER lic, State of Texas mission Expires ly 09, 2003	is true and correct and includes all in me under Title 15, Election code.	date a Streeholder	
AFFIX NOTARY STAMI			, met s	
Sworn to and subscrib		the said $J(f)(f) (f) (f)(f)(f)$	this the A day	
Ktthund X Signature of officer ad	Musical Committee of the Committee of th	Rithryn H. Shussifer Printed name of officer administering oath	Notary Public, State of Texas My Commission Expires May 09, 2003	

POLITICAL CONTRIBUTIONS OTHER THAN BLEDGES OR LOAMS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER	THAN PLEDGES OR LOANS	•		SC-SPAC, SPAC, & SPAC-SS)
The Instruction Guide explains how to complete this form. 1 Total pages this Schedule A1:				
2 FILER NAME John Clamp			3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
11.262	Scott and Jana Clamp		contribution (\$)	description (if applicable)
6/19/02	Scott and Jan Clamp 6 Contributor address; City; State; Zip Code 1043 Clubbouse		50	
	Mansfield, TX 7600	· 3	<u></u>	
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/11/02	Contributor address; City; State; Zip Code		10000	22.2
/ /	Universal City, TX 78148	•	•	
Principal occu	pation (Optional)	Employer (Option	al)	57 - 55
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Tom and Sandra Harrod	,	contribution (\$)	description (if applicable)
1 labor			R	
6/14/07	Contributor address; City; State; Zip Code		20-	1 4 3
' /	S.A. TK 78244			
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/	Terry Kearden		Contribution (\$)	description (if applicable)
6/19/02	Contributor address; City; State; Zip Code 10 Rock Street		10	
' /	Norwich CT 06360			
Principal occupation (Optional)		Employer (Optional)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	MARY Ann Zotti		contribution (\$)	description (if applicable)
6/19/02	Contributor address; City; State; Zip Code		2 de	
7 /	Preston, CT 06365		80	
Principal occupation (Optional) Employer (Optional)				
		Av	<u></u>	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED	
If contr	ibutor is out-of-state PAC, please see instr	uction guide for a	dditional report	ing requirements.

POLITICAL CONTRIBUTIONS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER	THAN PLEDGES OR LOANS	•		BC-SPAC, SPAC, & SPAC-SS)
The Instruction	Guide explains how to complete this form.		1 Total pages this S	Schedule A1:
FILER NAME	John Clanp		3 ACCOUNT # (Eth	ics Commission filers)
Date	5 Full name of contributor out-of-state PAC (ID#: Danny and Vicki Conzale 6 Contributor address; City; State; Zip Code	? S	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
المرابان	43 Finesilver S.A.,TF 7825Y		50	
Principal occup	pation (Optional)	10 Employer (Optiona	al)	
Date	Full name of contributor Souton + Bub Piechnik Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
614/02	14520 Harizan View S.A., TX 78233		50	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Principal occuj	pation (Optional)	Employer (Optiona	al)	5 4
Date	Full name of contributor out-of-state PAC (ID#:_Ray Thama and Celia Rez	·A	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/20/02	Contributor address; City; State; Zip Code 2014 Harper's Ferry 5.A. TX 78245		100	
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			!
Principal occu	pation (Optional)	Employer (Option	l nal)	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occu	upation (Optional)	Employer (Option	nal)	
If cont	ATTACH ADDITIONAL COPIE ributor is out-of-state PAC, please see inst			ting requirements.

POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS 1 Total pages Schedule G: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) 2 FILER NAME Amount Date 5 Reimbursement ions regarding type of information required.) from political contributions intended Amount Date 13.50 Reimbursement diture (See instructions regarding type of information required.) from political contributions intended Amount (\$) Reimbursement from political contributions intended Purpose of expenditure (See instructions regarding type of information required.) Amount Date Payee name (\$) City; State; Zip Code Payee address; Reimbursement from political contributions intended Purpose of expenditure (See instructions regarding type of information required.) intended Amount Payee name Date (\$) City; State; Zip Code Reimbursement Purpose of expenditure (See instructions regarding type of information required.) from political contributions intended ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED